10/055,751:

7/26/04

PTO/SB/05 (05-03)

Approved for use through 400/2003, 0H/8 0851-0002

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF CONSURENCE

Only Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid ON/8 control number.

Application or Docket Nur PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED MAMBER EXTRA RATE FEE RATE FEE BASIC FEE (07 CFR 1.16(i)) OR TOTAL CLAIMS x 118 : (37 CFR 1.16(c)) 0 miors 20 s OR INDEPENDENT CLAMS × 1*0*6. (37 CFR 1.16(b)) colous 20 = OR .290 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLANS HIGHEST PRESENT REMANING NUMBER ADOI+ RATE ADDI RATE ENT AFTER PREVIOUSLY **EXTRA** TIONAL AMENDMENT PAD FOR FEE Total GF GFR LNGS 9 ENDM x 18 -ΩR Independent OF CFR 1,1600 × : 86 -OR FIRST PRESENTATION DEMALTIPLE DEPONDENT CLAIM (57 OFR 1,16(d)) += 145-+3290 OR TOTAL ADD'L FEE TOTAL ADD'L FEE OR (Column 2) (Column 1) HIGHEST CLAIMS 8 MUMPER PREVIOUSLY REMAINING PRESENT ADDI-RATE RATE ADDI-**EXTRA** 됩 AFTER KENDMEN PAID FOR FEE FEE Total CIT CAR LINGUE Minus 9. ENDM x : 18 = OR Independent OF CFR 1.160/3 x - 86 -OR! ..290. FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (37 OFR 1,16(d)) OR: TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Cotuma 3) CLAIM HIGHEST O PRESENT REMARING RATE MUMBER RATE ADDI-ADOL **EXTRA** TIONAL AFTER PREVIOUSLY TIONAL AMENDMENT PAID FOR FEE 9 ENDM × 3192 -OR x s 26-OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,15(6)) .<u>.145</u>. + 5290 OR: TOTAL TOTAL ADD'T FEE ADD'L FEE OR. If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 5 1979 A 257 "If the "Highest Number Previously Paid For" IN THIS 57ACE is less than 20, enter "20",
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3",
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to Sie (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122.and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and authoriting the completed explication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing to build be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTQ-9199 and select option 2.

2g2 up dated.